



U.S. Department of Education SEELS Longitudinal Study

School Characteristics Survey

Marking Instructions

Please use a No. 2 pencil or black or blue ink only.

Print legible numbers and capital block letters in the boxes.

Correct Numbers and Letters

1	2	3	A	B	C
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Correct
Mark



Incorrect
Marks



Thank you for your help in completing this survey – it is vitally important to the success of this significant U.S. Department of Education study. Study findings will be critical as federal, state and local agencies work to improve the quality of services and results for students.

Be assured that your answers will be completely confidential; no information will be reported that identifies you, this student, or this school. The SEELS study is authorized to collect data under law 20 U.S.C. 123g; 34CFR Part 99.

Gathering the following information will help you complete the questionnaire more quickly:

- Student body demographic information, including the estimated number of students who: are eligible for free or reduced-price lunches, are English language learners, are in each ethnic/racial category, and have different kinds of disabilities.
- School personnel numbers, such as the number of teachers and other school personnel working in your school, the number of teachers who are new to your school the number who have less than 3 years teaching experience.
- The number of suspensions, expulsions, and incidents of violence during the 2000-2001 school year.
- If your school includes students in grade 12, the number of students who graduated and the number who dropped out during the 2000-2001 school year.

If you have questions about the study or the survey, please:

e-mail us at seels@sri.com,
or call our hotline toll-free at 1-800-961-9895,
or visit our web site at www.SEELS.net

Again, thank you!

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control numbers for this information collection are 1820-0632 and 1820-0635. The time required to complete this information collection is estimated to average 32 minutes per response, including the time to review instructions, search existing data sources, gather the data needed and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651.

Today's Date: / - -

A. SCHOOL CHARACTERISTICS

PLEASE FEEL FREE TO ESTIMATE PERCENTAGES OR NUMBERS.

A1. Which of the following best describes this school?

PLEASE MARK *ONE* BOX.

- ☐ Regular school that serves a wide variety of students
- ☐ School that serves only students with disabilities
- ☐ Magnet school that specializes in a particular subject area or theme
- ☐ Vocational-technical school
- ☐ Alternative school
- ☐ Charter school
- ☐ Juvenile justice facility
- ☐ Hospital school
- ☐ Another kind of school (please describe): _____

A2. Is this school a ...

PLEASE MARK *ALL* THAT APPLY.

- ☐ Public school
- ☐ Private school
- ☐ Residential/boarding school
- ☐ Year-round school
- ☐ School serving a single gender of students

A3. What grade levels are taught at this school?

- | | | | | | | | |
|--------------------------------|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> pre-K | <input type="checkbox"/> K | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 | <input type="checkbox"/> Ungraded | <input type="checkbox"/> Adult School |

A4. Around October 1 of this school year, how many students were enrolled at this school?

Number of students enrolled

A5. How many days are students expected to attend school this academic school year?

Number of days students expected to attend school

A6. Which of the following best describes the community in which this school is located?

PLEASE MARK ONE BOX

- ☐ Rural community
- ☐ Small city or town of fewer than 50,000 people
that is not a suburb of a larger city
- ☐ A medium-sized city (50,000 to 99,999 people)
- ☐ A suburb of a medium-sized city
- ☐ A large city (100,000 to 500,000 people)
- ☐ A suburb of a large city
- ☐ A very large city (over 500,000 people)
- ☐ A suburb of a very large city
- ☐ A military base or station
- ☐ An Indian reservation

A7. In your opinion, how much pressure is placed on this school to increase and/or improve student test scores for **all** students?

PLEASE MARK ONE BOX

- ☐ A great deal of pressure
- ☐ A fair amount of pressure
- ☐ A little pressure
- ☐ No pressure at all

A8. What is the average class size for the following kinds of classes? Please give your best estimate of what is typical in this school.

PLEASE ENTER A NUMBER, OR INDICATE NOT APPLICABLE, ON EACH LINE.

Number **OR** Not applicable; no
classes of this kind

☐ a. General education academic classes

☐ b. Vocational education, career education, or applied academics classes

☐ c. Special education resource rooms

☐ d. Self-contained special education classes

A9. What proportion of buildings on the school campus are fully accessible to students with physical disabilities (i.e., have ramps, elevators if more than one floor, accessible restrooms)?

PLEASE MARK **ONE** BOX.

- ☐ None
☐ Some
☐ Most
☐ All

A10. During the previous school year (2000-2001), approximately how many of the following occurred at this school?

PLEASE ENTER **ONE** NUMBER ON **EACH** LINE. ENTER "0" IF NONE.

Number of
Incidents

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a. Expulsions

--	--	--

b. Out-of-school suspensions

--	--	--

c. In-school suspensions

--	--	--

d. Incidents of violence

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e. Arrests resulting from incidents at school or school activities

B. STUDENT CHARACTERISTICS

PLEASE FEEL FREE TO ESTIMATE PERCENTAGES OR NUMBERS AS NEEDED.

B1. Around October first of this year, did you have students who received special education with IEPs in the following primary disabilities?

PLEASE ENTER YES OR NO ON EACH LINE IN COLUMN A

STUDENT ONLY ONCE. ENTER "0" IF NONE IN A CATEGORY.

How many students with IEPs are identified as having the following primary disabilities? IF YES PLEASE ENTER THE NUMBER OF STUDENTS IN COLUMN B. ENTER "0" IF NONE

	A		B
	Yes	No	Number of students with IEPs the following primary disability
a. Attention deficit disorder (ADD)/Attention deficit hyperactivity disorder (ADHD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b. Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. Deaf-blindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. Developmental delay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e. Serious emotional disturbance or behavior disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
f. Deafness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
g. Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
h. Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
i. Speech or language impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
j. Mild mental retardation/cognitive impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
k. Moderate/severe mental retardation/cognitive impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
l. Multiple disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
m. Other health impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
n. Orthopedic or physical impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
o. Traumatic brain injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
p. Visual impairment/blindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
q. Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

B2. Around October 1, about how many students with disabilities who did **not** have IEPs had a written accommodation plan as required by Section 504 of the Vocational Rehabilitation Act?
PLEASE ENTER "0" IF NONE.

Number of students with a "504 plan"

B3. Around October 1, about how many students were identified as English language learners (ELL), that is, limited-English-proficient (LEP) or English-as-a-second-language (ESL) students?
PLEASE ENTER "0" IF NONE.

Number of ELL (LEP or ESL) students

B4. Around October 1, about how many students in the school belonged to each of the following ethnic groups?
PLEASE INDICATE PERCENTAGE **OR NUMBER FOR EACH LINE.**

**Percentage
of students**

OR

**Number of
students**

%

a. African-American or Black

%

b. American Indian or Alaska Native

%

c. Asian or Native Hawaiian or other Pacific Islander

%

d. Caucasian or White

%

e. Hispanic or Latino

%

f. Other

B5. About what percentage of this school's students are eligible for the free or reduced-price lunch program?
PLEASE MARK **ONE BOX.**

- ☐ Less than 25%
- ☐ 26% to 50%
- ☐ 51% to 75%
- ☐ More than 75%

B6. About what percentage of the students enrolled in this school last year (2000-2001) moved away from this school during the school year (student mobility rate)?

% Student mobility rate

PLEASE REPORT STAFF IN **FULL TIME EQUIVALENT UNITS (FTEs)**.
FEEL FREE TO ESTIMATE PERCENTAGES OR NUMBERS.

C1. About how many FTE teachers in this school ...

PLEASE ENTER **ONE** NUMBER ON EACH LINE. ENTER "0" IF NONE. (e.g., 25.5 teachers would be)

FTE
Teachers

. a. Are fully credentialed for their primary teaching assignment?

. b. Are in their first year at this school?

. c. Have less than 3 years teaching experience?

C2. How many of the following personnel (including those contracted for services) work in this school during a typical week (in FTE units)?

PLEASE ENTER **ONE** NUMBER ON EACH LINE. ENTER "0" IF NONE. (e.g., 25.5 teachers would be)

Approximate
Total FTE

. a. General education classroom teachers

. b. Special education classroom teachers (self-contained or single-subject teachers)

. c. Special education resource room or consulting teachers

. d. Bilingual or ESL teachers

. e. Reading specialists

. f. Speech/communication therapists or pathologists

. g. Nursing/medical personnel

. h. School psychologists or other diagnostic personnel

. i. Guidance counselors

. j. Social workers

. k. Other related services personnel (e.g., occupational or physical therapists or aides)

. l. Paid teacher aides/instructional assistants

. m. Librarians, library aides, or other library/media center staff

. n. Itinerant or special-subject staff not included above (e.g., district staff who teach at multiple schools or come to the school for one subject)

. o. Administrators

C3. What is the average student caseload of each of the following kinds of school staff?

PLEASE ENTER A NUMBER OR MARK THE BOX ON EACH LINE.

Average Number of Students	OR	Have No Staff of this Kind	
<input type="text"/>		<input type="checkbox"/>	a. Consulting teachers who support students with disabilities who are in a general education setting
<input type="text"/>		<input type="checkbox"/>	b. Guidance counselors
<input type="text"/>		<input type="checkbox"/>	c. Case managers who coordinate services for students with disabilities (e.g., inclusion specialist)
<input type="text"/>		<input type="checkbox"/>	d. School psychologists

C4. Which of the following best describe the transportation to and from school that this school or school district provides at no cost to students?

PLEASE MARK ALL THAT APPLY.

Our school or school district provides free transportation to or from school for...

- ☐ No students.
- ☐ All students.
- ☐ Any student living within established boundaries or a specified distance from the school.
- ☐ Students involved in school desegregation.
- ☐ All special education students.
- ☐ Special education students with special transportation needs.
- ☐ Not applicable; this is a residential school.

C5. For each setting below, please mark in Column A whether this school has computers available for student use.

For each setting in which students have access to computers, please mark in Column B whether any of the computers are connected to the Internet.

Are computers available in:	Column A				Column B	
	None of the classes	Some classes	All classes	Not applicable	If there are any computers, are any of them connected to the internet?	
					Yes	No
Regular education academic classes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special education classes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational education classes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A library, media center, or computer lab?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C6. Which of the following best describe the times of day when students can use computers at this school?

PLEASE MARK ALL THAT APPLY.

Our school has computers available for student use...

- ☐ At no time during the school day.
- ☐ During class time.
- ☐ During lunch.
- ☐ Before and/or after school.
- ☐ During the evenings.
- ☐ On weekends.
- ☐ During school vacations.

C7. What proportion of general education and special education students does this school require to do community service (no students, some students, all students)?

PLEASE MARK **ONE** BOX IN EACH COLUMN.

General Education Students

- ☐ None
☐ Some
☐ All

Special Education Students

- ☐ None
☐ Some
☐ All

C8a. Is there a formal, systematic procedure for providing alternatives to students who had learning and/or other problems, but no IEP or 504 plan (e.g., pre-referral interventions)?

- ☐ No → → → PLEASE GO TO QUESTION C9.
☐ Yes

C8b. Which of the following are involved in this procedure?

PLEASE MARK **ALL** THAT APPLY.

- ☐ School team conference (e.g., multidisciplinary team, student study team)
☐ Individual consultation provided to teachers by a specialist
☐ Special education pre-referral intervention team
☐ Parent conferences
☐ Other (specify): _____

C9. Which of the following does this school offer to promote parent involvement?

PLEASE MARK **ALL** THAT APPLY.

- ☐ Open house or "back-to-school night"
☐ Regularly scheduled school-wide parent-teacher conferences
☐ Parents are given interim reports or report cards on student performance or attendance
☐ School events to which parents are invited (e.g., science fairs, concerts)
☐ Workshops or courses on parenting
☐ Written contract between school and parent
☐ Parents are asked to sign off on homework
☐ Parents are given examples of work that meets high standards
☐ Parents are given positive phone calls or notes from teachers
☐ Parent-student learning activities at school (e.g., "Family Math")
☐ Parents as volunteers in the school
☐ Newsletter for parents
☐ Parents involved in instructional issues (e.g., materials selection)
☐ Parents involved in governance (e.g., on school site management council)
☐ School-wide e-mail list, Web page, or "homework hotline" for communicating information to parents
☐ Services to support parent involvement (e.g., child care for school events)
☐ Translation into languages other than English of information for parents
☐ Educational programs for parents (e.g., a family literacy program, ESL classes)
☐ Parent liaison
☐ Family resource center or drop-in center
☐ None of these

C10. To what extent do you agree or disagree with the following statement: "This school does a good job of reaching out to parents who are typically not involved at the school."

PLEASE MARK ONE BOX.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

C11. Which of the following services, resources, or programs does this school have available to students, either as part of the curriculum or before or after school hours?

PLEASE MARK ALL THAT APPLY.

Additional academic programs

- ☐ Academic supports, such as homework club, tutoring or mentoring assistance outside of regular classes, or Saturday academies
- ☐ Diagnostic and prescriptive services provided by professionals to identify learning problems and plan programs
- ☐ Programs for gifted and talented students
- ☐ Summer school
- ☐ College and career awareness and preparation activities
- ☐ Supplemental instructional services in reading or language arts
- ☐ Supplemental instructional services in math

Enrichment and recreation programs

- ☐ Enrichment or recreational clubs or activities outside of classes (e.g., literary magazine, cultural activity groups, pep club)
- ☐ Program for students during the weekend, sponsored by the school
- ☐ Band, chorus, drama, or other performing opportunities for students
- ☐ Organized school sports activities

Health and Support services

- ☐ School-based health clinic
- ☐ Counseling or pupil services
- ☐ Reproductive health/pregnancy prevention **education**
- ☐ Reproductive health/pregnancy prevention **services** (e.g., contraceptive distribution, STD testing or treatment)
- ☐ Drop out prevention program or services
- ☐ Substance abuse **education**
- ☐ Substance abuse treatment **services**
- ☐ Teen parenting program
- ☐ Child care for children of parenting teens

Other programs/initiatives

- ☐ Conflict resolution/conflict management program
- ☐ Services for out-of-school youth (e.g., GED program)
- ☐ School-to-work activities and employment services
- ☐ Title I
- ☐ Bilingual or ESL classes
- ☐ A class size reduction initiative
- ☐ A school-wide reform project (e.g., Success for All, Comer Schools, Accelerated Schools)
- ☐ An Obey-Porter grant to support a school-wide reform model (i.e., a grant from the federal Comprehensive School Reform Demonstration Program)

D4. How are exemptions from standardized tests granted for individual students with disabilities?

PLEASE MARK **ALL** THAT APPLY.

- ☐ Not applicable (no students with disabilities are exempted from these tests)
- ☐ Principal decision
- ☐ IEP committee decision
- ☐ Individual general education teacher decision
- ☐ Individual special education teacher decision
- ☐ Parental request
- ☐ Other (specify): _____

D5. In the most recent reporting of this school's standardized test scores, to what extent were the scores of students with disabilities included in those reported for this school?

PLEASE MARK **ONE** BOX.

- ☐ Scores of **all** students with disabilities were included.
- ☐ Scores of **some** students with disabilities were included.
- ☐ Scores of **no** students with disabilities were included.

D6. Does this school have a peer support program that provides social and/or academic support to students with disabilities, such as a "peer buddy" program?

PLEASE MARK **ONE** BOX.

- ☐ Yes
- ☐ No

D7a. Standards-based reform is being implemented in various ways around the country. Are students with disabilities addressed in this school's academic content standards (e.g., for math, reading)?

PLEASE MARK **ONE** BOX.

- ☐ Not applicable; our school does not have specific content standards
- ☐ No
- ☐ Yes

PLEASE GO TO
QUESTION D8.

D7b. How are students with disabilities addressed in these content standards?

PLEASE MARK **ONE** BOX.

- ☐ General policy statement (e.g., "standards will apply to all students")
- ☐ Specific references to students with disabilities (e.g., "standards will apply to students with a diversity of learning styles, including students with disabilities")
- ☐ Specific written accommodations and adaptations
- ☐ Individual students handled on a case-by-case basis
- ☐ No special references to students with disabilities
- ☐ Other (specify): _____

D8. Does this school arrange alternative services or placements for special education students who are expelled and/or suspended from this school?

PLEASE MARK **ONE BOX**.

- ☐ Not applicable (special education students are not expelled or suspended)
- ☐ Yes
- ☐ No

D9. Does this school have a policy that prohibits the promotion of students who are performing poorly (i.e., social promotion)?

PLEASE MARK **ONE BOX ON EACH LINE**.

	Yes	No
a. For general education students?	<input type="checkbox"/>	<input type="checkbox"/>
b. For special education students?	<input type="checkbox"/>	<input type="checkbox"/>

D10. At what age or grade level does this school begin developing Individualized Transition Plans for students with disabilities?

Age of students

OR

Grade level

☐ Don't develop Individualized Transition Plans

D11. For students with disabilities, does this school offer instruction that specifically focuses on transition planning (e.g., a specialized curriculum designed to help students assess options and develop strategies for leaving secondary school and transitioning to adult life)?

- ☐ Not Applicable, do not have students transitioning to postsecondary programs
- ☐ Yes
- ☐ No

D12. Does this school or school district receive any Medicaid funds for providing services to students with disabilities at this school?

- ☐ Yes
- ☐ No

E. MOVING ON

E1. Which of the following are provided to support students' transitions from this school to the schools that serve higher grade levels (i.e., the transition from elementary to middle or middle to high school)?

PLEASE MARK ALL THAT APPLY.

- ☐ Groups of students visit their next school before school starts.
- ☐ Staff from the receiving school come to this school to give presentations to students.
- ☐ Information is provided to the receiving school about individual students (e.g., student performance information, disability awareness).
- ☐ Staff at this school meet with those from the receiving school specifically about individual students.
- ☐ Parents and/or students are encouraged to meet with staff of the receiving school individually before starting school there.
- ☐ Preparatory strategies are developed for individual students who need them (e.g., behavior plans, school scheduling modifications, etc.).
- ☐ Other (specify): _____
- ☐ None of these

E2. To what school(s) do students from this school typically go after finishing this school?

Name of school:

City:

State:

Name of school:

City:

State:

THANK YOU AGAIN!

Please return the questionnaire in the postage-paid envelope to:

SRI International

P.O. Box 6050

Hopkins, MN 55305-9970